|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION I | | | | | | | | | | |
| **Work Stopped By:** | | | | | | | | | | |
|  |  |  | | |  |  | | |  |  |
| Printed Name |  | Home Organization | | |  | Signature | | |  | Date |
| **Project/Location (if applicable):** | |  | | | | | | | | |
| SECTION II | | | | | | | | | | |
| **Justification for Stop Work:** | | | | | | | | | | |
|  | | | | | | | | | | |
| SECTION III | | | | | | | | | | |
| **Mitigation:** (Work performed, or actions taken, in order to resume work.) | | | | | | | | | | |
|  | | | | | | | | | | |
| SECTION IV | | | | | | | | | | |
| Authorization to Restart: (Requires signature before work can begin.) | | | | | | | | | | |
|  | | |  |  | | |  |  | | |
| Research Lab Manager or Safety Officer on behalf of CAES Safety Committee  Printed Name | | |  | Research Lab Manager or Safety Officer on behalf of CAES Safety Committee  Signature | | |  | Date | | |
| Submit a copy of the form to the CAES Safety Officer (SO). | | | | | | | | | | |